

MOULTONBOROUGH RECREATION DEPARTMENT

PO Box 411 – 10 Holland • Moultonborough • NH 03254
Phone (603)476-8868 • FAX (603)476-2607
Website www.moultonboroughnh.gov

PARTICIPANT INFORMATION

First Name _____ Last Name _____ Primary

Summer Phone _____ Cell Phone: _____

Parent's Name: _____ Birth Date ____/____/____ Male ____ Female ____

Mailing Address _____

Are you a: ☐ Year Round Resident ☐ Summer Resident ☐ Non-resident (additional \$10)

PROGRAM REGISTRATION (Circle program choice and appropriate level/clinic/class)

Tennis Lessons: **Days: Weekday mornings ADULT and YOUTH lessons are separate**

Level: Beginner Intermediate Advanced

Sessions: 1st (June 27th) or 2nd (July 25th) \$40 per session _____

Swimming Lessons: **Days: Monday –Thursday times will depend on ability (Afternoons)**

Level: American Red Cross Swimming Level Passed (Level I – VI): _____

Sessions: 1st (June 27th -July 14th) or 2nd (July 25th -August 11th) \$25 per session _____

Creative Writing Workshop (ages 10-14, July 20th) page 11 \$30 for workshop _____

Karate checks payable to instructor (ages 5-12 Tuesdays 6:00pm) page 12 \$60 for session _____

Children Stage Adventures (ages 5 and up, adults too! Aug. 15-19th) page 11 \$75 for session _____

Hot & Happy Days (Ages 5 and under, Tuesdays starting June 28th) page 6 \$10 for session _____

WOW Women's Writers Workshop (ages 18+ July 27th) page 11 \$25 for workshop _____

New England Clambake Trip (open to all, July 22nd) page 12 \$80 for trip _____

This I Believe Project (open to all, multiple dates) page 4 \$5 for session _____

Family Tennis Night (open to all, multiple dates) page 7 \$0 _____

Non-resident fee for programs: \$10 _____

All checks payable to MRD with exception of Karate TOTAL: _____

RELEASE OF LIABILITY / PHOTO RELEASE/ NOTIFICATION

I hereby agree to release, discharge and hold harmless, the Moultonborough Recreation Department, its employees and volunteers from any liabilities that may occur while participating in the recreational activity listed above. I understand that participation in any recreational or sport activity involves risk. I further understand that the Moultonborough Recreation Department does not provide accident or medical insurance for its program participants. I give permission for the staff or volunteers of the Moultonborough Recreation Department to contact the rescue squad for assistance and/or transportation to the nearest medical facility, should an injury occur which in their opinion requires medical attention. In the event that none of the before named relations can be reached I hereby give permission to the attending physician to administer whatever care he/she deems necessary for the safety of my child. I give my permission to have my child's photo taken during this program and used for publicity purposes by the Moultonborough Recreation Department. By signing this I am willing to be a part of "One Call Tell All" that will inform me of changes and cancellations to the programs run by the recreation department. I have read this Indemnity agreement and understand its terms.

X _____ X _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE

DATE